

**Questions and Answers**  
**Request for Proposal # S-LE200-R-07-0002**  
**November 29, 2006**

Q1 - According to our statistics the "In" hospital confinement frequency rate in Lebanon is by far lower than the one resulting from the analysis of your exhibit 8 figures. Can you please clarify what is considered as "In" case? (for instance, an X-ray @ hospital is it an In case?)

A1- Please refer to Clauses C.2.1 and C.2.6

Q2 - Please state the number of Jumbo medical claims exceeding US\$ 25000 within each claims experience period.

A2- We do not have specific statistical data to be able to answer this question at this time.

Q3 - What is the number of Cases regarding:  
Major Chronic and incurable diseases such as Cancer, heart and kidney failure (already subject to Hemodialysis), HIV/AIDS Cases.

A3 – We do not have specific statistical data to be able to answer this question at this time.

Q4 - What is the number of adult dependent children who have a handicap of any nature?

A4 – As of to date we only have one adult dependent child under this category.

Q5 -Is there any age limit for retirees life insurance cover?

A5 – No.

Q6 - Has the Embassy staff suffered whether in or outside the embassy premises a security event or incident that led or would have led to a loss of life during the last 5 years? If yes please provide full details.

A6 – We have incurred one injury in the last 5 years due to a security event or incident. However, since this event or incident occurred while the employee was on duty, it was covered by the US Government and not by the insurance company.

Q7 - Please state the date the contractor will be informed of the US Government final decision.

A7 – We anticipate awarding a contract for this solicitation before end of January 2007.

Q8 - Please provide us with your loss record (death, disability, ETC.) for the last 5 years and detailed security measures?

A8- Please see A11 for the loss record data. We do not understand the second part of the question.

Q9 - Will appreciate receiving the below information:

1- Previous insurer

2- Years of insurance with the previous insurer.

A9-1 – Fidelity Insurance Co.

A9-2 – Nine years. However, we do re-solicit the contract every three years and award the contract accordingly.

Q10 - In terms of the Scale of Disabilities (Exhibit A, Section J), we appreciate if you can provide a copy of your previous contractor in order to have a more accurate offer.

A10 - The Scale of Disabilities that we currently have is the industry-wide standard one.

Q11- Please provide us the information related to claims experience of the past three policy years starting February 8, 2004 as follows:

A11 – See info in the next table.

|                  | Date Claim Incurred (if more than one, please list) | Benefits claimed per Employee (please list) | Age of employee on date claim incurred | Please indicate employee group (LES, ERE, EAE, Retiree) |
|------------------|---|---|--|---|
| Accidental Death | 0   | 0   | 0                                      | 0   |
| Natural Death    | - September 2004<br>- March 2005                    | 74Million LBP<br>109MillionLBP              | 40<br>59                               | LES<br>LES  |
| PWR - Death      | 0   | 0   | 0                                      | 0   |
| PTD Accident     | 0   | 0   | 0                                      | 0   |
| PTD Illness      | 0   | 0   | 0                                      | 0   |
| PWR - PTD        | 0   | 0   | 0                                      | 0   |
| PPD Accident     | 0   | 0   | 0                                      | 0   |
| PPD Illness      | 0   | 0   | 0                                      | 0   |
| PWR - PPD        | 0   | 0   | 0                                      | 0   |

Q12 - Please provide total employee numbers for each of the past three policy years:

A12 – See info in the next table.

|                                     | LES | ORE | EAE | Retiree |
|-------------------------------------|-----|-----|-----|---------|
| February 8, 2004 – February 7, 2005 | 420 | 5   | 5   | 1       |
| February 8, 2005 – February 7 2006  | 440 | 5   | 5   | 1       |
| February 8, 2006 to August 7, 2006  | 450 | 5   | 5   | 3       |

Q13 - Please state the number of security employees included under the life plan:

A13 – We cannot divulge this information.

|            |  |
|------------|--|
| A. Armed   |  |
| B. Unarmed |  |